

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011286

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 501AVS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>SPRINGFIELD</b>		Length of stay in 1b <b>86</b>	c. CITY OR TOWN <b>SPRINGFIELD</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>426 E. DALE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>426 E. DALE</b>
3. NAME OF DECEASED (Type or print) First <b>HARRY</b> Middle <b>B</b> Last <b>SCHMOOK</b>		4. DATE OF DEATH Month <b>APRIL</b> Day <b>2</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 4, 1876</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MACHINIST</b>	9. AGE (last birthday) <b>86</b>
13a. FATHER'S NAME <b>JOHN SCHMOOK</b>		13b. MOTHER'S MAIDEN NAME <b>MARY VIRGINIA ARUNA</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		14. NAME OF HUSBAND OR WIFE <b>EDITH SCHMOOK (DEC.)</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>HARRY SCHMOOK, SPRINGFIELD, MO</b>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Presumed to be natural causes</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>UNATTENDED BY A PHYSICIAN</b>	
		DUE TO (c) <b>City Police investigated</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of form 18.) <b>Deceased was found on kitchen floor by son Harry V Schmoock, who had seen him the day before. Deceased had not been feeling well for a week.</b>	
20c. TIME OF INJURY Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m.	Month, Day, Year <b>[REDACTED]</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>[REDACTED]</b>		20f. CITY, TOWN, OR LOCATION <b>[REDACTED]</b>	
21. I attended the deceased from <b>[REDACTED]</b> to <b>[REDACTED]</b> and last saw him alive on <b>[REDACTED]</b> Death occurred at <b>Found at 8:55 Am</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>4-6-63</b>	
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>Greene County Health Officer, Spfld Mo</b>		22b. ADDRESS <b>[REDACTED]</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4-6-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK</b>	23d. LOCATION (City, town, or county) <b>SPRINGFIELD, MO.</b>
24. FUNERAL DIRECTOR <b>H.H. LOHMEYER FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>4-9-63</b>	
ADDRESS <b>SPRINGFIELD, MO.</b>		26. REGISTRAR'S SIGNATURE <b>Effie S. Meelen</b>	

(Licensed Embalmer's Statement on Reverse Side)

7.7 H'Double P  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

permit 4-3-63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Lucius T. Shively*

Licensed Embalmer No. 4815

P. O. Address *Springfield, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.